Division of Medical Assistance

North Carolina News

Current Information on North Carolina Case Mix Reimbursement

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IMPORTANT

Due to provider response to the "*ADL Clarification for MDS Validation Reviews*" article found on Pages 2&3 of the October 2006 newsletter, the article has been revised.

Please see the next two pages for the revised article.

Please send any questions or comments you may have regarding the new article to NCHELPDESK.com.

Thank you!

State of North Carolina
Division of Medical Assistance
ADL Clarification for MDS Validation Reviews REVISED

The following article published in the Myers and Stauffer newsletter dated October 2006, has been revised for extensive assist code 3. The phrase "3 or more times" has been removed. The numeric value reported on an ADL shift will be reviewed as a single occurrence unless otherwise noted by the facility. We apologize for any inconvenience this may have caused.

The purpose of this article is to clarify recent findings regarding the ADL supporting documentation. In August of 2006, North Carolina providers were mailed a newsletter from Myers and Stauffer. A front-page article titled "Activities of Daily Living & Key Equivalence" emphasized the importance of the ADL key being equivalent in intent and definition to the MDS ADL key.

Activities of Daily Living (ADL), coded in section "G" of the MDS, are a strong predictor of the resident's functionality and dependence or independence. In the North Carolina case mix classification system for Medicaid reimbursement, the late loss ADLs are scored and applied along with other clinical factors to place residents in the appropriate classification group. Once the resident is classified in the Resource Utilization Group (RUG), a Case Mix Index (CMI) value is associated with each of the 34 groups.

Activities of Daily Living MDS values (including bed mobility, transfer, toilet use and an eating component) are reviewed for each and every assessment selected for the MDS Validation review. Therefore, supporting the ADL transmitted value is paramount to the assessment being validated.

For providers choosing to deviate from the MDS ADL key, there are key words necessary to maintain the intent of the definitions. Below is an example of what would suffice for the MDS Validation review:

Self-Performance Key Descriptions:
Code 0 - independent – no help or oversight
Code 1 - supervision – oversight, encouragement, cueing
Code 2 - limited assistance – resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance
Code 3 - extensive assistance – resident performed part of activity, help of the following provided
* Weight-bearing support
* Full staff performance
Code 4 - total dependence – full staff performance
Code 8 - activity did not occur

Self-Performance Comments:
Providers who wish to deviate from the above definitions must not lose the intent and/or context of the MDS key definitions. In recent months the MDS Validation reviews have noted generic

keys that are missing key words that mirror the MDS key. These vague or generic keys are resulting in unsupported reviews.
Below are key words in **bold** that are required to maintain the intent of the MDS ADL key:
Code 0 - independent – **no help or oversight**
Code 1 - supervision – **oversight, encouragement, cueing**
Code 2 - limited assistance – resident highly involved in activity; **received physical help in guided maneuvering of limbs or other non-weight bearing assistance**
Code 3 - extensive assistance – resident performed part of activity, **help of the following provided**
* **Weight-bearing support**
* **Full staff performance**
Code 4 - total dependence – **full staff performance**
Code 8 - activity did not occur

Without these key words in the ADL key the intent is not clear and therefore the reviewers will be unable to support the ADL documentation. In other words, the generic keys the RN reviewers have been presented during recent MDS Validation reviews will not support the transmitted values.

Other ADL MDS Validation Review Comments:

- Providers with no ADL key associated with the ADL values will be considered unsupported.
- Providers with more than one ADL supporting documentation (tool) per assessment (one the CNA completes and one the LPN/RN completes) will be asked to designate the one to be used for the MDS Validation review. The designated tool must be maintained in the medical record as a legal document.
- ADL key supporting documentation that provides words for self-performance such as limited, extensive assist, etc., without the full definition will be considered unsupported for the MDS Validation review.
- All MDS ADL codes must be represented on the ADL supporting documentation tool. ADL supporting documentation tools that lack any one of the codes will be considered unsupported. (For example for self performance, the ADL supporting documentation tool must contain codes for independent, supervision, limited assistance, extensive assistance, totally dependent and activity did not occur.) ADL tools that lack codes for all the possible MDS coding options will not be accepted as supporting documentation.
- Finally, be sure that the ADL supporting documentation tool contains appropriate keys for both the self-performance and the support provided.
- Prior to the effective date noted below, ADL supporting documentation will be reviewed consistent with current review protocol and guidelines.

Per the Division of Medical Assistance (DMA), beginning with assessments dated (A3a) on or after January 1, 2007, the above criteria will be enforced. Please refer questions to Peggy Scott at DMA (919-855-4356) or Patty Padula or Cindy Smith at Myers and Stauffer (317-846-9521).